

PHILADELPHIA MEDICAL TIMES.

SATURDAY, APRIL 5, 1873.

ORIGINAL LECTURES.

LECTURES

ON THE SURGERY OF THE NARES, LARYNX, AND TRACHEA.

BEING THE MÜTTER LECTURES FOR 1872.

Delivered before the College of Physicians of Philadelphia,

BY J. SOLIS COHEN, M.D.

Reported by R. M. BERTOLET, M.D.

(Continued from page 404.)

LECTURE VI.

MORBID GROWTHS IN THE LARYNX AND TRACHEA.

THE frequent use of the laryngoscope, of late years, has developed the fact that morbid growths of the larynx are of much more frequent occurrence than was formerly thought to be the case.

The lecturer gave a short historical sketch of the subject, from the earliest reported case of Koderick of Brussels, who in 1750 removed a laryngeal polypus through the mouth, down to the present time; in which he gave full credit to the most important monographs upon morbid growths in the larynx: those of Ehrmann, of Strasburg; Horace Green, Buck, and Elsberg, of New York; Morell Mackenzie, of London; and he referred, in addition, to the labors of Türck, Gibb, Cutter, Voltolini, Schrötter, and others.

The symptoms of a growth in the larynx are much the same, whatever may be the nature of the neoplasm, varying of course with its size and location, the character of its attachment, and its consequent interference with vocalization, respiration, and deglutition. These symptoms are cough, dysphonia, dyspnoea, dysphagia, and pain. Some growths do not give rise to any characteristic symptoms, and are discovered on laryngoscopic examination only.

Cough is present when the tumor encroaches on the glottis, or is of large size. It is dry, or accompanied with expectoration of mucus, or mucus and blood, according to the nature of the growth, and the inflammatory condition of the larynx. The sound of the cough is clear, hoarse, muffled, brazen, or aphonic, as the case may be.

Dysphonia occurs to a greater or less extent according to the interference with the due vibrations of the vocal cords exerted by the growth; and thus a tumor of considerable size, if at a distance from the glottis, may not give rise to marked dysphonia at all. When the growth is so situated as to encroach on the glottis or the vocal cords at intervals only, the hoarseness or aphonia, as the case may be, will be intermittent; so that the voice shall go and come, as it were, several times during the utterance of a single sentence. Usually there is a characteristic staccato mode of utterance, sug-

gestive at once, to the practised ear, of a tumor in the larynx.

Dyspnoea exists only when the growth is large, or when there is intercurrent tumefaction from catarrhal inflammation. Dyspnoea from a pendent tumor can sometimes be relieved by change of posture. Suffocation is sometimes produced by the impaction of a morbid growth obstructing the glottis, some cases of which were narrated from the lecturer's personal experience.

Dysphagia is not produced unless the growth occupies the epiglottis, the posterior portion of the larynx, or encroaches on the pharynx.

Pain is unusual, though there is often an aching sensation, or a feeling of the presence of some foreign substance.

If the growth has acquired comparatively enormous proportions, some evidence may be present externally in an altered configuration of the larynx.

Occasionally portions of a growth become detached by cough, and are expectorated. Once in a while a growth is spontaneously detached; and at other times absorbed.

The most frequent exciting cause of growths seems to be catarrhal inflammation. Quite a large proportion of growths occur in connection with cases of tuberculosis and syphilis; though the tumors produced in such instances have very rarely any characteristic feature belonging to the tuberculous or syphilitic dyscrasia.

The most frequent variety of growth is the papilloma; but fibroma, myxoma, angioma, sarcoma, epithelioma, and many other varieties have been observed. The papillomatous tumors are frequently multiple; the others usually single. The papillomatous growths are not apt to recur except in a phthisical patient.

These growths have been encountered at all ages. Sometimes they are congenital; though they are most frequently met with in individuals from twenty to fifty years of age. They occur more frequently in males than in females. Morbid growths may occupy any portion of the larynx, but their most frequent seat is upon the vocal cords.

A morbid growth of the larynx is a very serious affection, even if clinically benign in structure; and if of such a size as to interfere with the functions of respiration and vocalization, it demands removal by surgical procedure. Syphilitic formations, even when of comparatively large size, are occasionally amenable to constitutional anti-syphilitic treatment.

A growth of the larynx may be removed by an operation carried on through the mouth; through the incision of lateral pharyngotomy; or through the incision of laryngotomy, partial or complete, anterior or lateral.

Removal through the mouth is effected under laryngoscopic manipulation; though there are at least two cases on record of removal through the mouth in ante-laryngoscopic days: those of Koderick, in 1750, and Green, in 1845. The procedures carried on under laryngoscopic manipulation are: cauterization, scarification followed by cauterization, crushing with forceps, evulsion with forceps

or *écraseur*, excision with knife, scissors, wire loop, or galvano-cautery.

Small soft growths are sometimes amenable to destruction by caustics. For this purpose we employ nitrate of silver, chloride of zinc, acid nitrate of mercury, nitric acid, chromic acid, London and Vienna paste. The caustic material is conveyed in some safe special appliance, and kept in contact with the parts for a few seconds, in order to secure the formation of a slough; the operation being repeated at intervals of a few days. The first operation usually produces a distressing spasm, especially if any of the caustic material reaches the healthy mucous membrane, the tumor itself being much less sensitive. It is, therefore, essential that the operator should be certain, by repeated practice with blunt instruments, that he can touch the desired spot. The surface of the cauterizing instrument, whether brush, sponge, roughened metal, glass bulb, or solid stick, should not be large enough to cover the entire surface of the growth at once, inasmuch as the caustic spreads rapidly. The part may be touched two or three times at different points at each operation.

[Various instruments were exhibited and explained, during this lecture, for the safe conveyance of caustics within the larynx; and also various forms of forceps, knives, snares, galvano-cauterics, etc., were demonstrated; but the reporter refers the reader for details to the various works on laryngeal surgery, and to the illustrated catalogues of the surgical instrument makers.]

Forceps are, however, much more useful in the removal of laryngeal growths, in the vast majority of cases, than any other instruments. They must be properly curved, slender, and strong; and their jaws must present in the direction of the tumor which is to be seized. One pair of forceps, therefore, will not suffice for every case. Tumors are not by any means always removable at one operation, unless they are small, or of very firm consistence. Usually small portions of the growth are broken off in the jaws of the forceps, thus necessitating the frequent repetition of the operation. When as much of the growth has been removed as possible, its remnants, if any remain, or the base from which it was developed, should be freely cauterized, to repress repullulation.

The knife, and the scissors—or rather the bladed-forceps—are sometimes used to excise a growth. A large growth can sometimes be partially severed from its base in this way, and thus rendered prominent so as to become more readily seized with the forceps. Or the ventricular band may be incised so as to afford access to a growth in the ventricle. Sometimes a minute growth may be pierced at its base by a lance-pointed knife, and be detached by pushing the instrument through its root of attachment; under which circumstances it falls and is coughed out.

The wire snare is sometimes used to lasso and detach pedunculated growths; but, though much extolled by some manipulators, is not much thought of by the lecturer, who has rarely been able to use it with any satisfaction.

The galvano-cautery, in the form of blade, blunt probe, or loop, is used with a great deal of success for the destruction or removal of laryngeal growths. Some surgeons, as Voltolini of Breslau, use no other instruments, even in the entire treatment of the whole class of laryngeal diseases requiring topical interference. The only danger to be apprehended is the production of œdema, or of violent inflammation; but the numerous evidences in favor of this treatment lead the lecturer to believe that this danger is quite exceptional.

Electrolytic treatment is hardly applicable to the treatment of laryngeal growths, on account of the impracticability of retaining the needle electrode in the tumor for a sufficient time to set up efficient electrolytic action.

Almost all laryngeal growths can be satisfactorily treated through the mouth, by some of the methods mentioned. When the growth is very large, or is situated beneath the glottis, or from other reasons dyspnoea is great, or asphyxia threatened, it is advisable in special cases to perform tracheotomy before undertaking extirpation, in order to secure safety as to respiration; but a resort to this operation is rarely necessary.

Several operations are performed for gaining access to a laryngeal growth from the exterior of the body. They are undertaken in cases where it is impossible to remove the neoplasm through the mouth; where the necessities of the case do not admit of delay; where the growth is of great size, and of great extent and implantation; where it is very vascular; and where it is clinically malignant.

The usual operation consists in external division of the larynx in the middle line. The thyroid cartilage is exposed, and divided by knife, scissors, or saw, as the case may demand; but the cricoid cartilage is usually respected. Some surgeons divide the cartilage by successive short strokes of the knife from the exterior; others, and the lecturer among them, penetrate the crico-thyroid membrane, and divide the cartilage from below upwards. If the saw is used, of course it must not be carried into the interior of the larynx. In dividing the cartilage, care is to be taken to keep the knife in the middle line, so that it shall pass between the vocal cords without injuring them. The separated wings of the thyroid cartilage are then kept asunder by suitable blunt hooks, and the morbid growth is removed by forceps, snare, knife, scissors, or galvano-cautery, as the case may be; after which the stumps are thoroughly cauterized. There is usually a great deal of spasmodic heaving of the larynx during the removal of the growth, spattering blood over the person of the operator and his assistants. The blood should be prevented from flowing down into the lungs by being mopped up with small bits of sponge securely fastened to a holder.

After the operation the parts are united with adhesive strips externally and covered with a simple dressing. The room in which the operation is performed should be warm, and the atmosphere of the apartment kept saturated with steam for a few days.

Some operators perform tracheotomy before divid-

ing the larynx, but, as has been shown by Dr. Ephraim Cutter, of Woburn, Mass., this precaution is rarely necessary.

The lecturer expressed himself as opposed to the use of anæsthetics in the performance of these operations, inasmuch as the integrity of the glottis was already greatly compromised, and a diminution in the amount of oxygen respired might lead to fatal results despite the prompt opening of the air-passages, as he had witnessed on more than one occasion; and he recalled several instances where artificial respiration had been requisite to save the patient's life.

The operation of sub-hyoid pharyngotomy, as suggested by Bichat, Vidal, and Malgaigne, and performed with sundry modifications by Prat, Folin, Langenbeck, and Debrout, was described; but, inasmuch as the lecturer expressed his concurrence in the opinion of Mackenzie, that in the majority of the cases suitable for this operation the tumor could be removed through the mouth, we do not consider it necessary to enter into details.

Mention was also made of Luschka's proposed operation for gaining access to growths in the ventricles by lateral division of the thyroid cartilage.

Tumors of the trachea are much less frequent than tumors of the larynx. Cases have been recorded by Morgagni, Ruysch, Baillie, Gibb, Türk, Schrötter, and others. Some cases of involution of the tracheal parietes from the pressure of growths from the outside have been incorrectly reported as tumors of the trachea. They would give rise to phenomena of obstruction similar to tracheal tumors, but should be differentiated from them. Tracheal tumors are usually small; large size being incompatible with respiration; so that, as a rule, they would not give rise to any specially characteristic symptoms during life.

Laryngoscopic examination has given occasion to the recognition of tracheal tumors, but most of the cases reported were post-mortem. Schrötter has succeeded in removing a tracheal tumor under laryngoscopic manipulation; but this requires much more skill than falls to the lot of the mass of the profession; so that the removal of such growths would generally require the external division of the trachea.

Tumors of the bronchi have also been observed by Türk and others; but on post-mortem examination only. It would be exceedingly difficult to diagnose the presence of an intra-bronchial growth, since the symptoms of obstructed respiration to which it would give rise might as well be explained by other more likely conditions. It would be the merest accident that a tumor high up in a primary bronchus could be detected in the laryngoscopic image; and it would be entirely out of the reach of direct surgical interference.

CANCER OF THE LARYNX AND TRACHEA.

Both primary and secondary cancer have been observed in the larynx and in the trachea. It is doubtful if there are any special symptoms by which

primary cancer could be distinguished at an early date; but in its maturer stages it is readily recognized in the laryngoscopic image by a peculiar irregular, nodulated, vascular, and sometimes ragged appearance; and by the lymphatic involvements, the cachectic expression, and sometimes the lancinating pains. Portions of the formation can readily be removed for microscopic examination. Cancer of the larynx may be scirrhus, medullary, or epithelial. It may affect any portion, but seizes most frequently upon the epiglottis first, and gradually extends. The tongue becomes involved by extension of the disease, and sometimes the cancer of the larynx is preceded by extension from the tongue, or extension from the cesophagus.

The symptoms are at first those of catarrh, and subsequently those of laryngeal obstruction generally, dyspnœa, dysphagia, dysphonia, and so on.

The disease is necessarily fatal. Proposals have been made to exsect the larynx; but, even if this could be safely done, it is likely that the disease would soon be manifested in the neighborhood.

Cancer of the trachea is a very rare affection. It could hardly be diagnosed during life, but would afford symptoms of obstruction or stenosis. Such symptoms, in connection with cachexia, might lead one to suspect cancer of the trachea, but only the microscopic examination of expectorated fragments could establish the diagnosis with certainty. But few cases of cancer of the trachea are on record.

ORIGINAL COMMUNICATIONS.

TWO CASES OF ANILINE-POISONING.

BY ALFRED L. CARROLL, M.D.,

University of New York.

THE case of aniline-poisoning reported in the *Medical Times* of March 1, by Dr. Richardson, recalls two similar instances occurring in my practice last summer.

On the 15th of August, 1872, I was asked to see M. B., an unmarried woman, aged 30, who had a localized eczematous eruption affecting both knees and extending some inches above and below the joints. There was considerable tumefaction, much redness, and intolerable itching of the skin; the condition being that of *eczema rubrum*. The circumscribed and symmetrical character of the affection, coupled with the absence of constitutional disturbance of any sort, puzzled me at first; but, while questioning my patient, I spied, under the bed, a strip of red flannel, the brilliant scarlet hue of which told clearly of aniline dye. Following up this clue, I learned that she had had "rheumatic" pains in her knees, and, believing that there was some special virtue in red flannel, had purchased a couple of yards of that popular remedy at a village shop, and bandaged her knees therewith for a fortnight previous to my visit. The peculiar color of the flannel, and the limitation of the eruption to the regions covered by the bandage, placed

the diagnosis beyond doubt. To allay the irritation, I first prescribed the ordinary acetate of lead and opium lotion,

R Liq. plumbi subacetat., f3ij,
Tinct. opii, f3j,
Aque, Oj;

and afterwards benzoated oxide of zinc ointment, under which, with an occasional saline laxative, recovery speedily ensued.

Only a few days afterwards, I was consulted by a gentleman who had on his left wrist a band of vesicular eruption, forming a complete bracelet, which he himself attributed to some accidental contact with "poison-vine" (*Rhus radicans*). The exanthem being confined to a covered situation, however, led me to further investigation, and I discovered that he had shortly before bought a pair of thread gloves, the wrist-bands of which were ornamented by a broad stripe of aniline purple. Owing to the warmth of the weather, he informed me, he had never put on the right glove, the left alone having been worn for several days. In this case, as in the preceding one, the disease yielded readily to local treatment.

I believe that with aniline compounds, as with lead, an exceptional susceptibility exists in certain persons, which is not shared by the majority. Just as we occasionally meet with instances of saturnine poisoning from drinking water conveyed through lead pipes which harmlessly supply thousands of households, so numbers of people habitually wear articles dyed with aniline, without suffering evil effects. Notwithstanding that the market is flooded with such wares, which find very many purchasers, I have met with but one case of poisoning besides those reported above,—that of a gentleman whom I saw in consultation four or five years ago, whose feet and ankles were covered with vesicles from some brilliantly-colored striped socks which he had been wearing for several weeks in ignorance of their toxic property.

NEW BRIGHTON, STATEN ISLAND, N. Y., March 21, 1873.

NOTES OF HOSPITAL PRACTICE.

JEFFERSON MEDICAL COLLEGE.

SURGICAL CLINIC OF PROFESSOR S. D. GROSS, M.D.

Reported by FRANK WOODBURY, M.D.

LITHOTOMY.

THIS middle-aged man comes from Williamsport, Pa., with a history of having suffered, for at least three years, from a vesical calculus, his symptoms being so well marked as scarcely to admit of a doubt regarding the correctness of this diagnosis. He complains of the usual irritability of bladder, and almost constant desire to urinate, which act has lately been accompanied by gradually increasing pain and difficulty, the stream frequently being stopped while in full flow; and even when this does not occur there is a feeling of incomplete emptying of the bladder after micturition. His general health becoming impaired, he has finally been led to seek our aid, hoping that a surgical operation will relieve him of all his troubles by removing their source.

The patient being under the influence of chloroform, we proceed to examine him; and here I pause to again

impress upon you the importance, whenever you perform this operation, of making it an invariable rule to always sound your patient's bladder and positively find the stone before you proceed to operate, no matter how strong the physical signs may be, or whether or not you may have found it on previous examinations: by this means you will avoid a serious and perhaps fatal mistake,—one that I regret to say has been committed quite a number of times. When you examine your patient, let him be perfectly nude and lying on his back in bed, with a blanket thrown over him to ward off a possible chill; never hamper yourself by attempting to conduct the examination with the clothing only partly removed. A sound with an abrupt curve is the best to use in exploring the bladder, especially where you have to deal with long-standing disease of the organ, and probable enlargement of the prostate gland. As this is moved in the bladder, you hear the characteristic sound produced by striking the metallic instrument against the stone, the resistance from which is distinctly evident to my hand. The grating or friction sound, by itself, is frequently delusive, as it may be produced by a fasciculated condition of the bladder, or an incrustated condition of its mucous membrane,—particularly at the base of the organ,—caused by a lamellated deposit of earthy material from the urine; this alone, therefore, is insufficient evidence of a calculus, and you should never be led to cut a patient on such an incomplete diagnosis. A sounding-board has been devised, which, when attached to the handle of the sound, intensifies the metallic click produced on striking the stone; but I have never had occasion to use it, feeling confident that if a man cannot find the calculus without its aid, he certainly will not be able to do so with it. The bladder should be full of urine at the time of examination, and the rectum empty. If the concretion is small, it might readily be lost in a large amount of fluid, and the surgeon be unable to find it; in such a case the hollow sound is of great advantage; by its aid the urine can be gradually drawn off so as to facilitate the discovery of the stone, or, on the other hand, tepid water may be cautiously injected through it, so as to give the requisite degree of distention to the bladder, when it contains too little fluid. If the stone is not readily found, rotate the instrument so as to examine the fossa immediately behind the prostate gland. When this gland is enlarged by disease, or hypertrophied by old age, a calculus might readily be concealed in this situation, from which, however, it may easily be dislodged by inserting the forefinger into the rectum and lifting up the base of the bladder.

When the stone is found, the question comes up as to the relative merits of lithotripsy and lithotomy, and their applicability to the individual case. Shall the stone be crushed, or cut for? Although the relative mortality of the two modes of operating is in favor of crushing, yet the liability to relapse is much greater than when the calculus is removed bodily. Where the patient is in a condition to bear the operation, and the concretion is ascertained to be large, lithotomy, in my opinion, should always be preferred. Whereas in lithotripsy, or lithotritry as it is oftener called, some of the fragments almost inevitably remain to act as nuclei for fresh growths, this is entirely avoided in lithotomy, for if any fragments exist they will either be removed at the time of the operation, or be washed out in the course of the treatment. As to the mortality after this operation, it depends very largely upon the general condition of the patient, and the state of his bladder and ureters at the time of operating. With proper treatment of the patient before and after the operation, the danger is very much decreased. Although in adults the general rate of deaths is about one to eight or nine recoveries, children rarely die from the opera-

tion. I have performed the lateral operation upon fifty-two under the age of puberty, with but a single fatal result. I attribute my success in these cases, as well as in adults, not only to the care exercised in performing the operation, and strict after-treatment, but also to my rule of never operating until the patient has gone through a course of preparatory treatment. If the patient is brought from a distance, you should not even sound him, until he has recovered from the fatigue of his journey and become somewhat accustomed to his new surroundings.

The prognosis of this affection varies. Some cases are recorded where the stone has broken in the bladder spontaneously, causing the death of the patient from cystitis; in other cases the pressure of the stone has led to ulceration and perforation of the wall of the bladder, producing extravasation of urine, followed generally by fatal peritonitis in a few days, or leading to extensive inflammation and suppuration, seriously threatening life. In every case, the stone being a constant source of irritation to the mucous membrane of the bladder, there is always more or less cystitis, followed by disease of the ureters and kidneys, from extension of the morbid action, thus interfering with the important function of excretion.

The first symptoms produced by a vesical calculus are those of functional disorder; but these are soon followed by others denoting structural change. The mucous membrane of the bladder, from increased vascularity, produced by the constant irritation, soon passes into chronic inflammation, and becomes covered with granulations. The muscular coat becomes hypertrophied from constant ineffectual attempts to contract upon and expel its contents, and the fibres may separate in one or two places, forming hernia of the bladder, or a sacculated bladder. The obstruction to the flow of urine is augmented by the prostate gland, which early becomes diseased and greatly enlarged, in some instances encroaching seriously on the rectum, interfering with its functions and producing hemorrhoids. Although the symptoms may be palliated and the patient's life protracted by hygienic and medical means, the only effective treatment is the removal of the concretion by an operation.

Having determined upon performing lithotomy by the lateral operation, and the patient being ready, we bring him to the foot of the bed, with his sacrum resting upon its edge. His knees and thighs are strongly flexed and held widely apart by assistants, the perineum is shaved, and the staff-holder introduces the instrument into the bladder and hooks it up under the pubic arch, so as to pull it away from the rectum. The bowel was emptied by enema this morning, and I introduce my finger into it to make it contract, so as to be out of the way. During the operation, protrusion of the intestine, through the opening, is not uncommon, especially in the straining efforts of children; and in these cases great care is required to avoid wounding the rectum.

The operation, performed in the usual manner, enables me to introduce the lithotomy-forceps and extract this large calculus, which is of the uric acid variety. In a large proportion of the cases the stone is found to be of this kind. The phosphatic variety is generally considered to be due to some defect of innervation, or lesion of the spinal cord.

Hemorrhage following the operation is rare in children, but in adults, who have labored for a long time under vesical irritation, bleeding from the bladder and prostate gland is common. Sometimes the transverse perineal artery requires a ligature; but in most cases plugging with pieces of ice, or cotton impregnated with Monsel's solution, will be found sufficient. If there is no hemorrhage in this case, the wound will be left in

its present condition, after washing out the bladder with warm water by means of a large syringe. I do not insert a canula, as it is of questionable utility and serves as a source of irritation. The patient is placed in bed upon the usual oil-cloth and draw-sheet, and a full anodyne is given immediately, to relieve pain and irritation. The urine will pass through this aperture for the next thirty-six to forty-eight hours; then the tumefaction of the lips of the wound will close the orifice, and the fluid will pass by the natural channel. In a few days it will again flow through the wound, which, however, in fifteen to eighteen days will be completely closed by granulation.

The patient's bowels shall be confined for three or four days with opium, at the end of which time a mild purgative may be given. He must be kept clean, so as to avoid excoriations and bed-sores, and he will be given light but nourishing diet.

Ten days after the operation.—The patient has had no unfavorable symptoms, and is so nearly well that he will probably go home at the end of the week.

RHEUMATISM OF THE URINARY BLADDER.

This man, 39 years of age, complains of pain in the groins and frequent micturition, which attacked him two weeks ago and is increasing. He passes his water, on an average, about twenty times in the twenty-four hours, and is compelled to get up at night, sometimes twelve or fifteen times, for that purpose. The urine is never bloody, and he voids it in a very small stream with considerable straining, but without any particular pain at the time. He is troubled with some flatulence, constipation, and hemorrhoids, but his general health is not much affected, and he says he would sleep well enough at night if it were not for his bladder. He informs us that he has had rheumatism, but not since this trouble commenced.

On passing the sound, we detect no stricture or calculus in the bladder to account for the symptoms; which in all probability are produced by rheumatism or neuralgia, as the bladder is subject to these affections just as any other organ of the body is. We will, therefore, give him ten grains of quinine morning and evening for five days, and

R Morphine sulph., gr. $\frac{1}{2}$,
Vini colchici, gtt. xlv. M.

at bedtime, each night.

The morphia will relieve the irritability of the bladder, and the quinia and colchicum will act upon the rheumatism. If this is insufficient to procure for him good rest at night, without which his health cannot be restored or maintained, we might give opium or morphia suppositories at bedtime, or inject half a drachm of laudanum, or give morphia hypodermically, in addition. He shall be kept warm, in the house, and may eat light food; but coffee, pastry, and the red meats are interdicted.

One week later.—The patient reports himself as being much improved. He is now compelled to empty his bladder only seven or eight times in the twenty-four hours, and not oftener than four times in the night, instead of every half-hour, as before. He has no pain in his side, and no scalding or tenesmus.

There is marked improvement here; and in a short time he will have fully recovered. A full dose of morphia or quinia will frequently accomplish more than a dozen smaller ones, on the principle that when a man is hungry he wants a full meal. We must give medicine to accomplish a certain object, and should always give enough to obtain its full therapeutic effect. We will now give him

R Quinine sulph., gr. x,
Morphine sulph., gr. $\frac{1}{2}$. M.

which he shall take at night as before; and to modify the urinary secretion, he may take

R Infus. uvæ ursi, f3ij,

Sodæ bicarb., gr. x.

M.—S. t. d.

(He returned three days later, and reported himself comfortable and almost entirely cured.)

CONGENITAL CYSTIC TUMOR.

The mother of this infant states that when it was born, six months ago, this tumor on the neck existed; although it has now attained a much larger size than then, and is still increasing.

On examining this swelling, we notice that it is of large size, and occupies the greater part of the left side of the neck, extending from the middle line in front, around on the side, and from the hyoid bone to the clavicle. Although it seems superficial, it probably sends ramifications deep among the muscles of the neck. It is compressible, although some parts are harder than others. The skin over it is natural, with no abnormal heat or discoloration, and no evidences of pain are elicited by pressure.

This belongs to the class of cystic tumors, which are frequently congenital, occasionally attaining a large size before birth, and continue to grow afterwards. Although they are sometimes met with in the axilla, breast, and other portions of the body, the neck seems to be the favorite seat in these cases. If we should open this it would probably be found to consist of a number of delicate, non-communicating cysts, varying from the size of a pea to that of a pullet's egg, containing a clear fluid resembling serum, and supplied with blood-vessels, nerves, and absorbents. The tumor may be unilocular, however, in which case its walls may have become quite thick from condensation of the cellular tissue.

As this is steadily increasing, its volume may become so great as to seriously affect respiration and deglutition. Several modes of operation have been suggested for the treatment of these cystic tumors in this situation. First, to open the sac and let it granulate; second, to insert a seton and leave it in long enough to excite adhesive inflammation; third, to draw off the fluid with a trocar and canula, and inject dilute tincture of iodine for the same purpose; and lastly, to make an incision over the tumor through the skin and dissect it out bodily. The last is the most effective of all, but it is not always feasible. We will puncture this and let out the fluid, hoping that sufficient inflammation may be excited by the knife to effect a cure, at least of the larger cysts.

TRACHEOTOMY PERFORMED BY GALVANO-CAUSTIC APPARATUS (*The Practitioner* for March, 1873; from *La France Médicale*).—This proceeding was originally introduced into practice by M. Amussat fils, in 1870, and was first performed on a boy aged thirteen. Dr. Amussat passed a curved needle carrying a double thread of platinum through the integuments, so as to embrace at the same time about two centimetres of the trachea in the loop. After the removal of the needle, he seized one of the threads with two forceps in communication with an electric battery, and made the section of the tissues comprised in the loop without hemorrhage. The trachea being opened, the child coughed violently, and expelled the foreign body which was in the trachea, and for which the operation had been performed. A week subsequently the wound was healed, and the patient well. The first number of the *Archives Générales de Médecine* for 1873 contains a series of eight observations by different operators, the particulars being furnished by M. Bourdon. The operation as performed by M. Verneuil is as follows. There are

three steps: the incision of the skin and of the soft parts; the incision into the trachea; and the introduction of the canula. 1. After having marked with the nail the point which corresponds to the inferior border of the cricoid cartilage, the extremity of the blade of the instrument is passed in and made to cut downwards to an extent corresponding to the diameter of the canula that is desired to be introduced, and the thickness of the soft parts covering the trachea. In the infant, the first incision, which is made with great rapidity, ought not to be made deeper than the skin, lest the trachea should be opened at the outset and there be a risk of cauterizing it, if not of perforating its posterior wall. 2. The trachea being exposed, it should be seen that the wound corresponds to the middle line, and the point of the knife should be made to penetrate into the first interspace between the cartilages and the necessary number of rings divided. 3. The introduction of the canula is the last and easiest of all. This proceeding, it is obvious, differs considerably from that of M. Amussat; but, in view of the difficulties that are presented by the adult when tracheotomy is required, M. Bourdon prefers the latter.

LATENT GONORRHOEA IN FEMALES (Nöggerath: *Centralblatt f. die Med. Wiss.*, No. 49, 1872).—This writer asserts that, as a rule, gonorrhœa remains uncured during the life of the individual once affected, and that the disease may be communicated to another individual even during the period of latency, whether the same last a few months or from one to five years. Hence he thinks that a man who once has had the gonorrhœa almost always infects his wife, and that the *entire host of female ills*, especially incurable perimetritis, inflammations of the ovaries, and sterility, is the result of this contamination.

The writer cites histories of fifty cases, some of which seem to show a connection between the chronic forms of gonorrhœa and certain diseases of women. In other cases, however, the men had been well for many years, and their wives had never complained after their marriage until abortions, normal labors, or instrumental deliveries had taken place.

The writer also lays some diagnostic stress upon a fungus which he says he has found in the latent gonorrhœa of females, and in the secretion of a fresh gonorrhœa.

INOCULATION OF SYPHILIS BY MEANS OF VACCINATION (Eulenberg: *Berliner Klin. Wochenschr.*, Sept. 16, 1872).

At a meeting of the Medical Society of Berlin, Eulenberg expressed the following opinions upon the above-mentioned topic:

1. Congenital syphilis can remain latent during the first three months.
2. Syphilis is not communicable by vaccination, if only pure lymph is used.
3. A minimal admixture of blood or scab can be the communicator of syphilis. This has been proven by experiments instituted quite recently by Reiter, in Germany, and Hutchinson, in England.
4. If the conveyance occur by means of blood or scab, it is of no moment whether the vaccination is done by means of a cut or by puncture with a needle. Reiter, however, has asserted that a conveyance of the virus is impossible with a needle, and can only be communicated by a cut.
5. We may say, not with absolute certainty, but in all probability, that vaccination has an influence in producing a slower progress in the syphilitic trouble.
6. The preservation of the virus in glycerin is worthy of our attention. By this method of treatment the foreign matters connected with the virus are floated off, and the latter will remain behind in the glycerin in the form of a perfectly transparent lymph.

PHILADELPHIA MEDICAL TIMES.

A WEEKLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.

We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.

All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.

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SATURDAY, APRIL 5, 1873.

EDITORIAL.

SOME SINS OF DRUGGISTS.

STRICTLY speaking, the business of an apothecary is to sell drugs, either on the prescription of a physician or by the orders received from purchasers. To thoroughly qualify himself for so doing, for his own and his customers' best interests, he needs a special education, and a complete acquaintance with chemistry, pharmacy, and pharmaceutical manipulations, drugs, their impurities and adulterations, with the various markets in which he has to seek his supplies, and other details which need hardly be enumerated.

In the pursuit of this business, there can be no question that experience is gained which may be turned to account in the prescribing of medicines as well as in their preparation. New agents may be discovered, or new forms and combinations of remedies already known. Hence the enlightened physician will always be apt to receive and weigh hints on these matters from apothecaries, and to acknowledge the value of such assistance.

But the druggist does not, and cannot, obtain that knowledge of disease and its treatment which alone could warrant his undertaking the responsible office of a prescriber. Still less is he able to do what no physician would venture upon,—to give prescriptions for a whole class of disorders. Hence—and now we come to our first application—the entire system of cough-syrups, alteratives, worm-medicines, and other nostrums (whether backed up

or not by well-known names), kept for sale, advertised, or recommended by druggists, is altogether objectionable. At one most respectable store in this city, a large business is done in "Dr. Mütter's Cough Syrup." Would Dr. Mütter have consented during his life to the advertisement and sale of a medicine put up on a prescription of his, as a remedy for "cough"? And is it fair to trade upon his name and reputation, now that he is dead, in a way that he, living, could not have sanctioned? We do not doubt that in some cases this formula may be a very good one; but we insist that it is utterly contrary to ethics and to sound sense to recommend it for the general treatment of coughs, simply because Dr. Mütter occasionally employed it.

Our second point is even a more serious one. A few days since, a prescription of ours for some pills containing quinine was taken to a drug-store on Market Street. When the pills were sent to the patient, the box was wrapped in a paper, within which was also enclosed a circular, setting forth the vast merits of "Dr. Hadley's Great Medical Preparation for consumption, inflammation of the lungs, coughs, colds, sore throat and breast, bronchitis, liver complaint, blind and bleeding piles, asthma, whooping-cough, and diphtheria." A more thoroughly quackish advertisement never came under our notice. The patient asked us if this was a common practice with good druggists. We need hardly say that this prescription, sent to that store by accident, will be the last one of ours that ever goes there.

A good understanding between physicians and apothecaries is extremely desirable, and, in fact, is essential to the best interests of both, and of the public. How to bring it about seems as yet to be an unsolved problem. We fear it will be a long time before the earnest attention and the intelligent action which the subject demands will be bestowed upon it. That something ought to be done, we think the facts now mentioned, with many others before known, afford ample demonstration.

CORRESPONDENCE.

REORGANIZATION OF THE AMERICAN MEDICAL ASSOCIATION.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

DEAR SIR,—Having repeatedly been requested to express my views respecting the reorganization of the American Medical Association,—a necessity universally conceded,—and believing that the time is at hand when this must be effected or the Association be

abandoned, I respectfully submit, although not without hesitation, the subjoined remarks as the result of my anxious deliberation upon the subject.

It is well known, both to the members of the Association and to the public at large, that since the close of the late war the harmony and deliberations of the Association have been disturbed, at every annual meeting, by the introduction and discussion of topics entirely alien to the real objects of such an assembly. Owing to this fact, the very existence of the Association has more than once been endangered. At the meeting in Philadelphia a year ago, many of the oldest and most prominent members, disgusted with previous proceedings, were ready, in the event of a repetition of difficulties, to withdraw, and to unite themselves into an association founded upon a different basis of representation, convinced that the existing order of things, if persisted in, must speedily bring about the destruction of the Association. They had become tired of these seemingly everlasting questions about the admission of women and negroes, and other matters equally irrelevant and subversive of good order and good feeling. They saw that the constant reopening of such discussions would inevitably have the effect of impairing the usefulness of the Association, and of alienating its members from each other, instead of strengthening, as was the original design of its distinguished founder, Dr. Davis, the bonds of good-fellowship, of promoting social intercourse, and of advancing the best interests of a great and noble profession. They saw that political demagogues, from misguided views and a desire to ventilate their philanthropy, were ready, if they could not accomplish their purposes, to sacrifice the Association, by driving from its ranks those who were of a different mode of thinking. It was for these reasons that the caucus already alluded to was held the evening immediately preceding the meeting in this city last year, the men composing it being determined to secede if, in their judgment, it should appear that longer fraternization upon agreeable and profitable terms should be impracticable. Fortunately, although certain elements of discord were, as usual, introduced, and marked our proceedings, wiser counsels prevailed, and the meeting, apart from these disturbances, was in many respects a most pleasant one, long to be remembered by those who enjoyed the hospitality of this great and beautiful city.

The alterations in our constitution, calculated, in my opinion, to meet these contingencies, are,—

First, the appointment of a medical council, consisting of not less than ten members, a majority of whom shall be residents of the place of meeting, to whom shall be referred all applications for membership, all questions of ethics, and all other business matters, and whose decision shall be final. Such a body, composed solely of wise, judicious, and experienced men, sitting as a kind of court, or board of censors, should hold office for only one year, elect its own president and secretary, and hold quarterly meetings, the last not earlier than two days before the annual meeting of the Association.

Secondly, the Association should consist exclusively of members of State societies, who shall be elected at the annual meetings of such societies; the number of delegates to be optional, but not less, if possible, than twenty-five or thirty. They should hold office for one year, but their attendance should entitle them to permanent membership, and to a vote upon every question in the Association.

If the *outside* affairs of the Association were managed by a properly organized council, such as is here contemplated, the result would be to prevent the introduction of a vast amount of irrelevant and objectionable matter, which, in the existing state of things, is a source of so much annoyance and irritation, and which so greatly interferes with the deliberations of an assembly of a purely professional character. No society of this kind can long survive if it permits the introduction and discussion of political questions. Medical politicians are not fit representatives of the interests of the medical profession. We want no such men among us.

The method of representation here suggested would have a tendency to stimulate the physicians of the country to unite themselves into county and State societies, thereby accomplishing great good in elevating the character of the profession at large, and unifying its interests as a great body of social and scientific men.

One of the crying evils of the Association has been the want of care in regard to the admission of its members. Its doors have swung too easily upon its hinges. While I am, in common with many of our associates, in favor of the widest latitude in this respect, and the strictest observance of democratic principles, we should nevertheless be cautious not to exceed the limits of propriety by the introduction of men not entitled to such a distinction. I have attended two of the meetings of the British Medical Association, and on each occasion I was struck with the fact that the great majority of the members were men who had rendered the profession important services as practitioners, writers, or teachers.

I have long been of opinion that the physicians of the place of meeting of the Association should not be taxed with the expenses of a public entertainment; and to relieve them of this burden, for such undoubtedly it is, I suggested, many years ago, that there should be, on the evening of the third day of the meeting, a public dinner, to which every member who chooses should be admitted on the payment of five dollars. This is the custom of the British Medical Association, and there is no reason, so far as I can discover, why a similar practice should not obtain on this side of the Atlantic. A resolution to this effect was, at my instance, adopted with great unanimity by the Association a few years ago; and, although it has not been rescinded, I have not been able to learn why it was not carried out by the committee of arrangements at the meeting here last May.

There will always be prominent and liberal-minded citizens at the place of meeting who will be glad to entertain the Association at their private dwellings, and will do all they can to make the time of the members pass

pleasantly during their sojourn among them. Last year the houses of several of our most wealthy and esteemed physicians were thrown open to the Association; and there has not been a meeting since the foundation of the Association in which a generous hospitality on the part of our profession was not a marked feature of the occasion.

I have said nothing in this communication respecting the representation, in the meetings of the Association, of our medical colleges, hospitals, and various eleemosynary institutions: let them, by all means, be seen and heard, but let them enter through the common door; as the rest of the medical profession,—the State Medical Societies.

I have the honor to be, very respectfully,

Your friend,

S. D. GROSS.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

MR. EDITOR,—I notice in the number of the *Medical Times* for February 8 that "the Trustees of the Presbyterian Hospital, being desirous to extend their benefits to the poor of West Philadelphia, have established a Dispensary on Thirty-ninth Street," and have appointed a physician and surgeon to fulfil its duties and hold daily clinics. Not long ago the Pennsylvania Hospital established an out-patient department, and appointed a staff of physicians and surgeons for gratuitous services.

Now, Mr. Editor, if all these advantages were for the benefit of the really poor, no one would have any right to question the heaven-born charity which prompted the generous trustees to establish them; but is it not notorious that ninety-nine hundredths of the patients seeking their aid are able to pay a respectable physician a reasonable fee? If this be true, is it not a great wrong to the mass of struggling physicians who are striving with might and main to earn a decent livelihood, and to shelter and support those depending upon their exertions, by giving such free access to medical advice? Every profession and trade protects its own members, save the medical. How many clergymen are willing to preach gratis who have no other resource for a living? And how many lawyers are there to be found who are willing to be such good Samaritans? As to the trades, has not every branch of mechanical work its trades-union, which not only will not permit its members to do any work gratis, but punishes them if even they are willing to work for less wages and hours than they dictate? Even the servant-girls have a kind of free-masonry among them, which will not permit them to accept minimum wages.

Why is it the medical profession should stand alone in this matter? or *cui bono* should they seek to go farther, and assist at every dispensary and out-patient department to take the bread out of the mouths of their less fortunate professional brethren? Is it not common to observe that most of the patients who flock to the clinics of the University of Pennsylvania and the Jefferson

Medical College are well dressed, being frequently encased in silks and broadcloths, and, to judge by their appearance, abundantly able to pay a respectable physician? And the same is true of the out-patient departments and dispensaries with which our city abounds. Not long ago I was summoned at night to dress the hand of a lieutenant of police, who was wounded in arresting a prisoner. Not seeing my patient for several days, I concluded he was under the care of another physician. Meeting him on the street a couple of weeks after the accident, I asked him how he was getting along; his reply was that his wound was not doing well, and that *he was under treatment at the Presbyterian Hospital!* Here was a man receiving not less than one hundred dollars a month getting surgical aid gratis!

Now, how long will it be before *another* advance is made, and a staff of physicians and surgeons appointed to visit regularly at their homes any persons who may desire to avoid paying a physician for his services?

I might be called on, as I have made my complaint, to suggest a remedy; but this I conclude is the duty of the philanthropist, and where the *really poor* are concerned no difficulty need be found to insure them the best medical advice gratis. The difficulty lies in separating the sheep from the goats; and surely the experience of medical men will enable them to detect the bogus from the genuine. I wish it to be understood that I am not opposed to the establishing these dispensaries and out-patient departments, but that the unmeasured and gratuitous advice should cease to those who it is plain seek such establishments to avoid paying for medical services.

It is well known among us that, *volens volens*, every physician in much practice is obliged to give his attention and advice to very many persons without even receiving thanks therefor, and, to the eternal praise of the profession be it said, they are few and far between who begrudge their labor in so doing; but it is evident that, such being the case, in the multiplying of numerous dispensaries and out-patient departments there will be little left to a

STRUGGLING PRACTITIONER.

PROCEEDINGS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

THURSDAY EVENING, FEBRUARY 27, 1873.

THE PRESIDENT, DR. J. H. HUTCHINSON, in the chair.

DR. JAMES TYSON exhibited a specimen of *cancer of the pylorus*, removed from an old gentleman aged 72 years. The case was interesting in the history of its progressive development, beginning apparently about the 1st of September, 1872, with symptoms of slight discomfort in the epigastrium, which, though temporarily relieved by treatment, became gradually worse. For two or three days at a time, until about November 1, relief would be almost total under the use of bismuth and morph. sulph. At this date, however, the feeling of discomfort became one of positive nausea, though

without vomiting; this was at first attributed to the opiate, but was found to persist on its discontinuance. So a constipation which gradually supervened, and to which he was previously altogether a stranger, was also supposed to be due to the same cause, but failed to disappear on discontinuing the remedy. For some time afterwards, however, the bowels were easily moved by mild cathartic remedies.

About the 1st of November he began to complain of curious brief spasmodic attacks of pain, which appearing to begin at the epigastrium would rapidly rise to the fauces, suggesting in its whole movement the phenomena of a hiccup. These attacks, but occasional at first, increased in frequency and severity until they occurred at intervals of less than an hour and caused extreme suffering. At this time also, November 1, palpation conveyed to the finger a sense of resistance at a point in the median line about midway between the epigastrium and umbilicus. Percussion, however, gave no distinctive information, and there was no tenderness on pressure. Extreme pallor was now also promptly noticed by strangers, and close examination revealed progressive emaciation, although he continued up to this date, and indeed to December 1, to go daily to his place of business.

Opium combined with belladonna effectually checked the paroxysmal pain, and though the attacks occasionally returned with great severity, they were generally promptly controlled by an increase in the quantity of anodyne, or by a hypodermic injection of $\frac{1}{4}$ grain of sulphate of morphia.

The obstinate nausea, however, persisted with little or no abatement, notwithstanding a careful trial of all the usual and unusual remedies, including the monobromate of camphor. Morph. sulph. and bismuth. subnit. were by far the most efficient remedies. Indeed, for a time relief was so great that there was hope that the diagnosis was mistaken. Notwithstanding these symptoms of nausea, he vomited seldom, until a short time before death,—perhaps two or three times in the month of January. Constipation, however, became obstinate, and for at least eight weeks before death his bowels were very seldom open without the use of injections. By February 1, emaciation had so far progressed that the outlines of a tumor were distinctly discernible by palpation, still in the median line as above described. Percussion gave distinct evidences of the existence of a tumor in the same situation, and the pulse of the aorta contributed to it a pulsation; there was a distinct upheaval with every systole of the ventricles. Food now had to be administered altogether in the liquid form, and in very small quantities in order to secure its retention; and even the smallest quantities were vomited. There was never, however, vomiting of blood. There was no disposition to take food,—no hunger whatever; and for four or five days before death almost nothing was ingested. He died Saturday, the 22d of February, 1873.

A post-mortem examination forty-two hours after death revealed a firm scirrhous mass surrounding the pyloric orifice, and so far encroaching upon its lumen as to permit the passage of the little finger only with extreme difficulty. No other organs were involved. There was apparently no erosion of the mucous membrane at the pylorus.

Remarks.—The situation of the tumor,—in the median line midway between the umbilicus and the epigastrium,—together with the imperfect development of gastric symptoms in the early stage of the disease, led me to suspect that the pancreas was involved, and perhaps the primary seat of the disease, an opinion in which Dr. Da Costa, who saw him in consultation, concurred. The administration of oil, however, was not followed by its appearance in the stools.

The PRESIDENT remarked that in his experience with cases of cancer of the pylorus he had also met cases in which the tumor was in the median line, but that he had also met very large tumors with dulness corresponding in position to the normal situation of the pylorus.

The specimen was referred to the Committee on Morbid Growths, who reported it to be a "specimen of *scirrhus ventriculi*, which involves the mucous and sub-mucous layers of the stomach. The amount of dense white connective-tissue stroma strongly predominates over the cellular elements, which are of small size, yet having distinctly the epithelial type, and generally arranged in long tubuli, as though they had originated in the ducts of the mucous glands."

Dr. J. EWING MEARS presented a specimen of *cystic myxo-sarcoma* removed, post mortem, from a patient of Dr. O'Hara, aged about 50 years. It formed a large mass, estimated to weigh between forty and fifty pounds, occupying the abdominal cavity, and with no discoverable attachment. An interesting feature in connection with the case was that the patient had within the past three years been relieved of two sub-mucous fibroid tumors of the uterus, one spontaneously, while the second was removed by Dr. O'Hara, after having partially passed through the os.

Dr. Mears thought that the tumor exhibited may at one time have been a pedunculated fibroid tumor of the uterus, developing into the abdominal cavity, and that the pedicle, becoming much attenuated, was finally detached; while the tumor itself continued to be nourished by the adhesions which had formed not only to the parietes of the abdominal cavity, but also to the adjacent viscera.

The specimen was referred to the Committee on Morbid Growths, who reported as follows:

"Your committee, having examined the colossal abdominal tumor presented by Dr. Mears, beg leave to report that they consider it to be a myxo-sarcoma.

"Different histological elements were found to exist in different portions of the growth. The prevailing structure, however, is the sarcomatous, with its large, round, nucleated cells: these are imbedded in a delicate network of fibrillated interstitial substance. A few giant cells, containing eight to ten nuclei, were also observed.

"At other points, where the growth assumed a softer, semi-transparent, jelly-like consistence, the prevailing structure is myxomatous, with its stellate anastomosing cells, imbedded in a hyaline substance that is rendered cloudy upon the addition of acetic acid.

"From the microscopic appearances alone, and from the meagre post-mortem records furnished to the committee, they are unable to determine whether this growth should be regarded as originating from the uterus, or whether it may not be a myxomatous degeneration occurring in a tumor of the omentum.

"Klebs, who has examined a number of immense and rapidly-growing abdominal tumors closely in every respect resembling this specimen, states that they are, as a rule, either lympho-sarcomata of the mesenteric glands, or myxomatous degenerations of lipomata of the omentum."

BIOLOGICAL AND MICROSCOPICAL SECTION OF THE ACADEMY OF NATURAL SCIENCES.

MARCH 3, 1873.

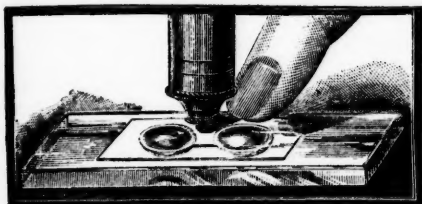
DIRECTOR W. S. W. RUSCHENBERGER, M.D., in the chair.

PRESENT,—Drs. I. Norris, Stellwagen, Tyson, Leconte, Trueman, Richardson, and Messrs. Betts, Warner, and Corlies.

Visitors,—Dr. Thomas Penrose, U.S.N., and Mr. Holman.

The report of the committee upon Dr. James Tyson's paper on the Microscopic Study of Blood and Epithelium, recommending it for publication in the *Philadelphia Medical Times*, was read and adopted.

Mr. D. S. HOLMAN, Actuary of the Franklin Institute, on invitation from the Director, Dr. RUSCHENBERGER, exhibited his Improved Glass Slide for Microscopes, and explained its construction and mode of manufacture.



This slide is composed of the usual slip of glass, such as is ordinarily used by microscopists; but, instead of the customary plain surface, two concave depressions are ground in the upper side (see figure), and connected by one or more shallow canals, carefully cut in such a way as to present on transverse section a gradually increasing depth up to about $\frac{1}{2000}$ of an inch. In using this slide each excavation is to be partly filled with the fluid under inspection, and the remaining space in each is to be charged with common air; the large thin glass cover being applied so as to seal up both cavities and the communicating canal, over which it will be retained (as stated by Mr. HOLMAN) by atmospheric pressure alone. In this way is secured what the inventor terms a double *thermal pressure chamber*, either division of which can be made to emit a minute portion of its contents through the delicate canal and pass the same into the opposite depression, by means of the sensible heat radiated from a single finger of the operator brought near it for that purpose. The most complete control is thus obtained over even a single red blood-corpuscle, which may be arrested in the canal, held stationary under observation, and actually turned over in the focus. The action of this ingenious piece of apparatus was tested by several of the members present, who united in bestowing upon it their hearty approval.

Mr. JOHN WARNER inquired why the fluid in the communicating canal did not run down into the concavities on either side of it, which certainly admitted of its flowing to a lower level.

Mr. HOLMAN replied that it was on account of the force of capillary attraction, which caused the liquid always to occupy the smaller crevices, whilst the air-bubble filled up the larger space; just as water would pass through a much more minute opening than air would do, because of the power of attraction for the liquid possessed by the sides of an aperture.

Dr. ISAAC NORRIS remarked that he believed some modification of this admirable contrivance would prove most useful to scientists as an extremely delicate differential thermometer, since the ball of the finger, even when held at a distance of two or three inches from the cavity on either side of the fine canal upon the slide, would actually give off enough radiant heat to expand the air-bubble nearest it, and so cause a rapid current of blood-corpuscles along the narrow channel beneath the microscope-lens. Of course for this purpose some modification in the shape of the apparatus might be necessary, but the important principle involved would still remain the one he now advanced,—namely, the application of the microscope to the detection and observation of those minute currents resulting from expansion of the air occupying either

cavity, in consequence of an almost infinitely small rise in temperature, as compared with that of the other side. Dr. NORRIS thought the "Holman's improved moist chamber and current cell," as he hoped it would always be called, must likewise prove of great service in studying the phenomena of crystallization; as, for example, when crystals were formed under the eye of the microscopist, by double decomposition of two solutions contained in the excavations of the slide and cautiously mixed together in the delicate canal which united them.

Dr. JOSEPH G. RICHARDSON observed that some months since, in endeavoring to investigate the changes undergone by human blood preserved for several days without desiccation, he had felt the need of such a piece of apparatus as that now exhibited by Mr. Holman, and had contrived a slight modification of Stricker's moist cell, which, however, in most cases would be far inferior to the very ingenious slide now on the table. His improvement of Stricker's putty cell enabled the observer to examine a fluid without being obliged to retain his microscope in the inconvenient perpendicular or German position, and consisted in a small glass cover about half an inch in diameter, upon which a minute drop of blood, for instance, was to be placed, and a larger cover about one inch across. This latter was to be laid upon the little one, which would adhere to it, and remain attached with a film of blood between when transferred to a slide and pressed down gently upon a ring of putty, as directed by Stricker in his excellent *Manual of Histology*.

Mr. HOLMAN, in reply to a question, said that a drop of blood the size of a pin's head was large enough for examination, all that was required being that we should have enough fluid to fill up the little canal and make a very narrow rim of liquid around the edges of the two cavities it joined. He believed that physicians would find the apparatus very useful for collecting, at a distance from home, specimens of blood, pus, cancerous discharges, etc., for microscopic examination several days afterwards.

Dr. TYSON inquired upon what part of the slide the drop of fluid was to be placed when preparing a specimen for preservation and subsequent investigation.

Mr. HOLMAN answered that he had found it advisable to apply the drop to the middle of the canal, and allow it to flow down on each side into the excavations, either before or at the moment of laying on the thin glass cover.

Dr. RICHARDSON asked how long Mr. Holman had found that blood-corpuscles, cancer-cells, etc., would remain unaltered when prepared in this way for examination.

Mr. HOLMAN remarked that one specimen of blood upon the table had been thus mounted six days previously, and that the only change observable was the alteration of some of the red corpuscles from a biconcave to a spheroidal shape.

On motion of Dr. TYSON, it was unanimously resolved that the thanks of the Section be tendered to Mr. Holman for the very great favor he had conferred by exhibiting his ingenious moist slide to the members this evening.

REVIEWS AND BOOK NOTICES.

LESSONS IN PHYSICAL DIAGNOSIS. By ALFRED L. LOOMIS, M.D., Professor of the Institutes and Practice of Medicine in the Medical Department of the University of New York, etc. New York, William Wood & Co., 1872.

These lectures were first published at the request of Prof. Loomis's classes in physical diagnosis, and now

appear in a third edition, revised, and with the addition of five new "lessons,"—three on the examination of the urine, and two on the mechanical aids to diagnosis.

The method of teaching adopted by the author is simple, and he has generally made himself clear and readily understood.

The first two sections are on the examination of the lungs and heart, and are calculated to give the beginner great assistance in the study of these organs in health and disease. This is the best portion of the book, of which it occupies more than one-half.

The physical examination of the abdomen is next taken up. It is impossible to write a complete treatise on diagnosis as applied to the abdominal organs without going at length into their pathology; which, of course, could not be done in a work of such brief limits as this. A short description, however, is given of the anatomy and morbid changes which occur in these viscera; but, owing to its want of completeness, the reader will, we fear, receive some erroneous impressions.

For instance, we are told that in cirrhosis of the liver there is contraction of this organ. This is certainly true of the latter stages of the disease; but we are not informed of what is taught by most authorities,—that in the beginning there is enlargement of the liver, sometimes to a very considerable extent.

No reference is made to *ballotement* in the rules which are given for the diagnosis of pregnancy. This is a most valuable aid to diagnosis in the early months of pregnancy, and may certainly be considered a means of physical examination.

In the lessons on the examination of urine its physical properties are first considered; then the apparatus employed, and some of the tests for albumen, sugar, etc., are described. Directions for the quantitative analysis of the urine are given, and one lesson is occupied with the microscopical appearances of urinary sediments and their clinical significance.

The last two lessons are on the "mechanical aids to diagnosis." Descriptions and illustrations are given of the various instruments employed, as well as instruction in their use.

The desire for brevity in the composition of this work has in some instances caused obscurity, and there are frequent evidences of careless writing. The subjects are freely illustrated with wood-cuts, some of which, however, are poorly executed. Several of the cuts in the lessons on the heart and lungs are copied from Da Costa's Medical Diagnosis, and others which are not acknowledged as coming from this source bear a striking resemblance to some in the same work.

On the whole, we can cordially recommend the book to the profession at large, but it is especially adapted to the requirements of students and recent graduates.

MEDICAL ESSAYS. Compiled from Reports to the Bureau of Medicine and Surgery, by Medical Officers of the Navy. Published by Order of the Navy Department.

It has often been a matter of surprise to us that the medical officers of the navy, many of whom are gentlemen of superior abilities, having ample opportunities of observing and recording interesting cases, have not contributed more to the medical literature of the country. Visiting and mingling with the various nations of the world, a man of close observation can surely see something either in the way of diseases little known to us, or new methods of treatment, an account of which would be of interest to the medical world.

We hail the book before us as a harbinger of better things. It is made up of a number of reports made by various surgeons to the Bureau of Medicine and Surgery, arranged in book-form by Dr. A. L. Gihon, who himself contributes the *pièce de résistance* in the form of an essay on Naval Hygiene.

The doctor gives us a plain, practical, common-sense view of this very important subject; and although his book is not so large nor does it go so much into detail as the justly celebrated work of Fonssagrives, yet in many respects we like it better, principally because it is better adapted to our own service than is that of the French author.

That this work will meet the consideration it deserves from those in authority, we scarcely dare hope. So apt is the progressive surgeon to be looked upon as an innovator and an overturner of established things, and so powerful in the minds of many officers are those cabalistic words, "usages of the service," that we fear that many of the abuses that now afflict the service will continue to exist until the superior education now given the younger officers of the navy will have the effect of dispelling some of the old Benbow notions that still lurk in the craniums of our old sea-kings.

As the book was written more especially for the instruction of the younger members of the corps just entering the service, it very properly begins with a chapter on the "examination of recruits." This duty, according to the author, is often carelessly performed, very much to the detriment of the service; especially was this the case during the late war. The rules which he lays down will make the examination searching and thorough. The only fault we have to find (if it be a fault) is, that any man who can meet all the requirements can make more money by sitting as a model to a sculptor than in serving his country for eighteen dollars a month: however, in these piping times of peace, we can afford to be more strict, as but few men are wanted and plenty offer.

The receiving-ship, navy-yards, humidity, ventilation, light, clothing, cleanliness, food, water, sleep, exercise, climate, moral influences, and the sick-bay, are all ably discussed, and many excellent suggestions made and abuses exposed. As an instance of some of the things that want reforming, we give one example. The crew of a man-of-war are served all their meals inside of eight hours, viz., from 8 A.M. to 4 P.M., and fast sixteen hours, although their most arduous duties are often performed within that period. This is all wrong, and could easily be remedied if those tiresome sayings, "usages of the service," and "they do it in the English service, you know!" could only be lost sight of.

We regret that want of space prevents us from going more fully into the merits of this excellent work. It will commend itself to the good sense of every enlightened medical officer, and if those in authority will only act upon some of the suggestions made by the doctor, poor Jack will have good cause to be thankful to him. In speaking as we have done, we do not mean to reflect upon navy officers as a body. A large majority of them are men of sense and good judgment, and are always ready to act upon a good suggestion coming from a medical officer; but there are a few, we regret to say, who, puffed up with authority, are a little too tenacious of their privileges, and fearful of their jurisdiction being encroached upon,—men who would fain run the sick-bay as well as the ship.

Medical Inspector Shippen contributes a very interesting "report upon certain English hospitals," and a "Schedule of Examinations at Netley." We believe this article was published for the purpose of calling the attention of the authorities to the necessity of establishing an institution similar to the Netley Hospital School for the purpose of training candidates who have passed their examination before the army and navy boards, previous to entering upon active service. None but the initiated know how important this is; but want of space forbids us enlarging upon this subject.

The rest of the book is made up of a Report of a Resection of Head of Femur, by Surgeon W. E. Taylor;

two reports on Yellow Fever, by Surgeons Bloodgood and Pilcher; a report on the sanitary condition of the Asiatic squadron, by Medical Inspector R. T. Maccoun; an interesting case of Diabetes, by Medical Director J. McClelland; a case of erosion of the entire penis, by Dr. W. S. W. Ruschenberger; and a report upon the charitable institutions, hospitals, and peculiar diseases of Peru; all of which are of considerable interest, and go to show that the medical officers of the navy are waking up to the necessity of showing their brethren on shore that they are what they are,—worthy representatives of a noble profession.

THE TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK, for 1870. Albany, 1871. Ditto for 1871.

These two handsome volumes, comprising the proceedings of the largest and perhaps most prosperous of our State medical societies, have reached us so nearly together that we must include both of them in a single notice.

The Transactions for 1870 have for their frontispiece an excellent likeness of the late Prof. Alden March. Farther on in the volume we note an elaborate paper on the Endoscope, illustrated with chromo-lithographs, by Dr. Robert Newman; a short notice of the value of chlorate of potassa in serous effusions, by Dr. Samuel Peters; an instructive article on the luxation of the ulna accompanying Colles' fracture, by Prof. E. M. Moore, of Rochester; and an account of twelve cases of trichiniasis, by Dr. Thomas M. Flandrau, of Oneida County; besides several other valuable monographs, which want of space alone prevents us from referring to more in detail.

The volume for 1871 has its place of honor most worthily occupied by the able address of the president, Dr. S. O. Vanderpoel, upon Pathological Anatomy, the necessity of its study, and its influence upon medicine as a positive science. This discourse is succeeded by several interesting papers of minor importance, among which the prize essay of Dr. Durant, of New York, is remarkable for the absolute ignorance it displays in regard to the observations of Niemeyer, Waldenberg, and Cohnheim respecting the origin of tubercle and its relation to cheesy deposit; and following these we have a dissertation on insanity and its dependence on physical disease, by Dr. John P. Gray, Superintendent of the State Lunatic Asylum at Utica, whose wide opportunities for investigation here bear fruit in a deeply thoughtful paper, in full unison with the progressive spirit of our age.

Another prize essay, by Dr. S. Fleet Speir, describes that important surgical appliance, the artery-constrictor, and is illustrated by eight plates. Dr. St. John Roosa furnishes an instructive statistical report on nearly five hundred cases of diseases of the ear; Prof. L. A. Sayre, an account of his ingenious vertebrated catheter; and Dr. T. Addis Emmet and Dr. N. Bozeman, articles respectively upon some gynecological subjects in connection with which their names are well known to medical men.

Altogether, the Transactions for 1870 and 1871 contain a mass of new facts and carefully-drawn conclusions, which forms a real and substantial addition to our science, and as such afford the profession a contribution of printed knowledge whereof any medical society may well be proud.

COLD BATHS IN RHEUMATIC FEVER.—Dr. Sydney Ringer, in *The Practitioner*, reports the case of a girl æt. 22, in whom rheumatic fever was treated by means of cold baths, and by the application of large-sized ice-bags, with evident benefit and an entirely successful result.

GLEANINGS FROM OUR EXCHANGES.

TRANSPOSITION OF THE VISCERA (*Irish Hospital Gazette*, March 15).—Dr. Nixon recently exhibited to the Pathological Society of Dublin a very remarkable instance of complete transposition of the viscera, taken from the body of a boy, aged about 15 years, who died of recent double pleurisy with effusion, half an hour after admission into the Mater Misericordiae Hospital on March 7. No history of the case was obtained. The following, among other alterations in the normal anatomy of the several parts, were observed. The heart was directed to the right side; the arch of the aorta passed from left to right, crossing over the root of the right lung; thence the vessel continued its course through the posterior mediastinum, lying to the right side of the œsophagus. The arteria innominata passed upwards and forwards to the left sterno-clavicular articulation, where it divided into the left carotid and left subclavian arteries. The superior vena cava passed in front of the root of the left lung. The left lung had three lobes; the right but two. The right pneumogastric nerve passed over the arch of the aorta, giving off the recurrent laryngeal, which ascended in the groove between the trachea and the larynx. The left pneumogastric supplied the posterior surface of the stomach; the right, the anterior. The liver occupied the left hypochondriac region, its greater lobe being on the left side. The œsophagus passed downwards to the right side, and the cardiac extremity of the stomach and the spleen occupied the right hypochondrium. The head of the pancreas, the cæcum, and the sigmoid flexure of the colon, etc., occupied exactly opposite positions to those which they normally do, and the vessels and nerves of the abdominal cavity were also misplaced.

HYSTERICAL ISCHURIA.—M. Charcot, in his opening lecture at La Salpêtrière (*Ann. et Bul. de la Société de Gand*, July, 1872), gives an account of an extraordinary case of suppression of urine. A young woman, subject to various manifestations of hysteria, and bedridden, began in the month of April, 1871, to experience a remarkable diminution of the urinary secretion. Careful watching placed the reality of the symptoms beyond a doubt. The woman experienced daily attacks of vomiting, and in the fluid thrown up a considerable quantity of urea was found. At the end of several months, the ischuria gave way to a slight polyuria, at which time all vomiting ceased. This was followed in 1872 by another period of diminution of the urinary secretion, this time without suppression, the vomited matter being less abundant than before.

The blood was found, upon examination, to contain no more than the usual amount of urea, so that it must be admitted that the production of this constituent was much below the normal amount.

M. Charcot proceeds to show at length that in the present instance the retention of urine was not dependent on a spasm of the ureter, for where the canal of the ureter is obstructed, either by means of a ligature or by the presence of a calculus, the urine, while it is secreted less abundantly, becomes very weak, which was not the case with this woman: so that the cause of the ischuria must have had its seat in the kidneys.

This case will serve to demonstrate that hysterical ischuria has an actual existence, a fact which has been very generally doubted, so many spurious cases of this affection have from time to time made their appearance. It is not unreasonable, therefore, to regard the hysterical vomiting, which takes place when ischuria is present, as a supplementary process to the functions of the kidneys.

WOUND OF SPINAL COLUMN AND CORD (*Irish Hospital Gazette*, March 15).—At a recent meeting of the Surgical Society of Ireland, Mr. H. G. Croly detailed the history of the case of a boy, aged eight years, who, while playing in bed with a steel rib of an umbrella, fell on to the floor, one of the ends of the rib being in his mouth at the time. The rib went deeply into the back of the pharynx, and was pulled out by the child himself. He vomited and bled from his mouth and nose. That night he raved, and his mother stated that he had double vision. He was admitted into hospital on the 12th of February, three days after the accident. There was then a punctured wound visible at the back of the pharynx, on a level with the lower border of the velum; the boy tottered on his limbs; he had convergent strabismus, knit brow, was intolerant of light, and had marked febrile disturbance, his temperature being 102.5°. He had also difficulty of swallowing; he whistled, screeched, and threw back his head, and held his neck very stiff. From these symptoms, Mr. Croly diagnosed that the umbrella-rib had penetrated the spinal cord. His head was shaved and ice applied, and he was leeches at each side of the spine; calomel and James's powder were also administered. On the 14th of February his temperature fell to 98°, and the boy has now quite recovered. Mr. Croly had ascertained on the dead subject that an instrument resembling an umbrella-rib, passed directly backward in a position corresponding to the wound of the pharynx in this case, penetrated the spinal column between the first and second vertebræ. Mr. Croly was not aware of any similar injury having been recorded.

SYPHILITIC BOULIMIA AND POLYDIPSIA (*Archiv für Dermatologie und Syphilis*, October, 1872; from the *Gazette des Hôpitaux*).—Fournier states that within the last few years he has observed about fifty cases of boulimia and polydipsia due to syphilis. In the majority of cases the condition came on with the first constitutional symptoms of syphilis. It was noted to be of much more frequent occurrence in women than in men, and to have existed particularly among individuals of nervous and irritable temperament. It generally occurred in connection with other nervous symptoms, such as headache, drowsiness, neuralgia, analgesia, etc. The boulimia came on suddenly, often in the course of a night, and the patients were noticed to eat twice their regular amount of food without satisfying hunger. Unquenchable thirst was also generally present at the same time; this symptom, indeed, rarely existing without the boulimia. This singular condition, as a rule, remained but for a short period, varying from a few days to as many weeks, though in one or two cases it lasted, with remissions and exacerbations, for months. When we have boulimia it is always a sign of a severe syphilis, and calls for energetic treatment. Without expressing positive views, Fournier is inclined to regard these phenomena as neuroses.

EFFECT OF COLD ON FROGS (*British Med. Jour.*, February 22).—Dr. Horvath, of Kiew, has investigated the question, to which various answers have been given, whether frogs can be restored to life after having been frozen. He finds that a temperature of 23° Fahr. kills the striated muscular fibre, so that when thawed it does not contract under either a mechanical or an electrical stimulus; and hence he infers that, in the cases where revival is said to have taken place after subjection to a temperature of 5° Fahr. (Von Humboldt), or 14° to 19.5° Fahr. (Kühne), the temperature of the muscles was not reduced to the extent supposed. The heart of the frog, freshly removed and frozen hard, contracted rhythmically for some time after being thawed. The iris, which in rabbits is always

dilated when a certain amount of cold is reached, in frogs undergoes contraction during the cooling process, and becomes dilated again under warmth. The contraction, sometimes to the size of a pin's head, and the succeeding dilatation, may be readily observed in the same animal under alternate applications of cold and heat. Dr. Horvath agrees with Pouchet that the blood-corpuscles are destroyed by freezing; but he does not think that they exert any poisonous influence when thus spoiled.

TREATMENT OF TYPHOID FEVER.—*The Practitioner* for February quotes from the *Journal de Médecine* the following as the treatment of typhoid fever adopted by M. Péter at La Charité. Every other day he gives a glass of Seidlitz-water, and morning and evening an emollient injection. The injection he considers to be useful in removing putrid matters. The glass of aperient fluid, without exhausting the patient like a daily purge, also keeps the intestinal canal clear from disintegrated matter. He uses the sulphate of quinine in quantities amounting to from seven to fifteen grains per diem as a febrifuge, increasing the dose in proportion to the intensity of the attack. He places great reliance on alcoholic stimulants, prescribing every day four or five ounces of quinine wine, which is made into a lemonade so as to make from two to three pints of fluid, by which means the vegetable acids are freely and easily administered. These, he thinks, remove the crusts of the tongue, and the symptoms produced by putridity are relieved. He uses sponging with vinegar, instead of baths or cold affusion, once daily.

PHONOMETRIC EXAMINATION OF THE CHEST AND ABDOMEN (*British Medical Journal*, March 8).—Dr. Guttman has investigated the merits of a method of physical examination recommended some months ago by Dr. Baas. It consists simply in applying an ordinary tuning-fork to the chest or abdomen, and noticing the modifications of the tone produced by the part struck. The application may be made either directly or through a plessimeter; the latter, of course, being the more pleasant to the patient. The general result of Dr. Guttman's observations is, that the use of the tuning-fork is inferior to ordinary percussion in cases of chest-disease; while, in regard to the abdomen, the only morbid conditions which it indicates are ascites, tumors, etc., which can quite easily be made out by manual palpation. The recommendation of Dr. Baas is, we believe, however, not original. The same principle was advocated, we think, in a London contemporary a few years ago.

CÆSAREAN SECTION ON THE DEAD BODY (*British Medical Journal*, March 8).—A case of post-mortem Cæsaean section occurred in the Vienna General Hospital last month. A woman, aged 36, was admitted on February 6, in an advanced stage of pulmonary consumption, she being at the time seven months advanced in pregnancy. She died on the 12th; and the Cæsaean section was at once performed by Dr. Blumenfeld, in the presence of Dr. Standthartner, under whose care the patient had been. The operation was commenced seven minutes after the death of the mother, and lasted scarcely three minutes; a living child, about seven months old, was removed, and died in three hours and a quarter.

MONSTROUS BIRTH (*British Medical Journal*, March 8).—A case of monstrous birth is reported as having recently occurred at La Olmeda de la Cuesta, in the province of Cuenca in Spain. There were two heads, a single trunk, and four legs. One of the heads was still-born,—apparently from injury received during the labor; the other lived two hours. The preparation is to be deposited in the Anatomical Museum in Madrid.

ERGOT IN PHTHISICAL HÆMOPTYSIS.—Dr. Anstie, in *The Practitioner* for February, 1873, details some cases in which the fluid extract of ergot, in forty-minim doses, produced a marked effect in diminishing the amount of blood brought up by patients laboring under phthisis, in various stages.

In his paper, which is to be continued in another number, he proposes to compare the benefits obtained from ergot with those from gallic acid, acetate of lead, digitalis, turpentine, and alum.

At a recent meeting of the London Pathological Society, great interest was excited by specimens of new hæmatozoa from the human blood, which had been sent by Dr. Lewis of the Indian Medical Service and Dr. Lamprey of Hong-Kong, through Dr. Parkes of Netley. A long and interesting discussion ensued, in which Dr. Cobbold, Dr. Bastian, Dr. John Harley, and others took part.

MISCELLANY.

POLYCLINICAL SCHOOL AT PESTH.—The *Wiener Med. Presse* of February 2 quotes a letter dated Pesth, January 29, asserting on good authority that a "Poliklinik" will be put in operation in that city in March of this year. "The fact," the writer goes on to say, "is not in itself new, but those concerned in the matter have kept it so secret that to this day, even in medical circles, there is scarcely any one who knows of it. A brief history of the Poliklinik is as follows: As early as the end of year before last, shortly after the erection of the Poliklinik in Vienna, some of the teachers in the Medical Faculty here decided to have one like it, and were strengthened in their plan by seeing the rapid strides made by the Vienna school. On making application to the Minister of the Interior for permission, they were told that not only was there no objection to the establishment of the institution, but that he (the minister) would hold himself ready to aid the plan by all the means at his command. The city authorities favored it also. Arrangements were now made by which Dr. Faludi, the physician of a hospital where about 2000 patients were treated yearly, consented to merge his institution in the Poliklinik, and to become the lecturer on children's diseases in the latter." The other teachers will be Gebhardt, Kétli, and Stiller for internal diseases; Schwimmer for dermatology; Böke, otiatics; Siklóssy, ophthalmology; Löri, laryngoscopy; Kesmarszky and Hasenfeld, gynæcology; and Verebélyi, surgery.

SINGULAR CASE.—The following account comes from the secular papers: A man giving his name as Theobald Fahre, a native of Kehl, in Baden, was found recently in a deserted negro cabin near Augusta, Ga., with his throat cut from ear to ear, and both the œsophagus and trachea completely severed. As nearly as could be ascertained, he had lain there for six days in that condition, without nourishment of any kind. He was carried to the city hospital at Augusta, when the terrible wound was sewed up, and he is now recovering. Fahre, in accounting for the wound which he

bears, was somewhat incoherent and unsatisfactory in fixing the responsibility for the deed. On one occasion he said that while travelling along the road at night he was suddenly attacked by two men, knocked down and his throat cut, as previously described, and that he was unable to tell whether they were white or black men. On another occasion, he said that while travelling the road in daylight he was ordered to halt by a white man. Not obeying the order, he says that the man rushed upon him, and cut his throat, leaving him lying in the road.

Under existing circumstances, it would seem to be altogether legitimate to infer that the sufferer, in a moment of temporary mental aberration, probably caused by a lack of knowledge of his whereabouts, had himself inflicted the wound in an attempt to commit suicide.

FALSE TEETH.—According to the *British Medical Journal*, these caused the death of Cuvier, and were a source of discomfiture to Lord Brougham.

Cuvier, impatient at the interruptions of that perpetual interrupter, M. Glais-Bizoin, in the National Assembly, rose so impatiently to answer him, that he jerked his teeth out on the floor, and, stooping not less precipitately to pick them up, fell head-foremost, and struck his head against the floor so heavily as to give rise to the illness which proved fatal to him. M. Glais-Bizoin, then a very young man, promised himself to abstain from his fatal habit of incessantly interrupting; but he was incorrigible.

Lord Brougham, in the course of the proceedings of a great meeting of the Social Science Association, of which he was president, was stopped in the middle of a speech by his teeth falling out. After groping on the floor, and on presently resuming his speech, he made the best of the incident by observing, "Our teeth are sources of trouble from infancy to old age."

OBSTETRICAL MUSEUM.—The Philadelphia Obstetrical Society has issued a circular announcing its intention to establish a museum for the collection of deformed and distorted pelves, and for the preservation of obstetrical instruments possessing historical value or illustrating new methods of treatment. Casts or photographs are solicited of such specimens as cannot be sent; and in special cases the Society will offer a pecuniary recompense, if desired.

Space has, we believe, been obtained in the Museum of the College of Physicians for this collection. Dr. J. V. Ingham, Secretary of the Society, will receive specimens, and will furnish any further information required.

TELEGRAPHIC CONNECTIONS.—Arrangements have been made by which the Fire Alarm and Police Telegraph of Philadelphia is connected with the Pennsylvania Hospital and with the Episcopal Hospital by direct wires,—so that on the occurrence of accidents the authorities of those institutions may be at once notified. There will also be less delay than heretofore in summoning members of the visiting staffs when their services are needed.

We find the following in a daily paper: "A valuable present of Peruvian skulls has lately been received by the British Anthropological Institute from Consul Hutchinson, of Callao. This highly instructive series consists of one hundred and fifty specimens dug out—not gathered from the surface—of the old aboriginal burying-grounds of Pasamayo and of Ancon, twenty and thirty miles north, and from Corso del Oro, about one hundred miles south, of Callao. Twenty-four of these were taken by the consul himself from the Huancas of Ancon, and are probably those of Chinchas or perhaps Ayonaras."

THE problem of the maintenance of Continental population is editorially discussed in the *Medical Times and Gazette* (February 8), under the heading "Infant Deficit Abroad." The writer attributes much of the infant mortality to the wide-spread repugnance of mothers to nursing their children, out of which grow those evils of baby-farming and premature weaning which make this "the era of nursing-bottles and artificial food," and remarks that a flippant observer would be justified in "suggesting that formerly children had their milk on draught, but now they have it in bottle."

MEDICAL REMUNERATION.—The Scotch have a proverb that

"You should take the fee
When the tear's in the e'e."

It would be well for us if we could always act on this distich. With many persons the benefits which they receive from their medical attendants are forgotten as soon as rendered. The doctor is a very different person in the eye of his patient when he comes to relieve pain and suffering and when his bill is presented for payment after an interval of months, or it may be in some instances years.

THE *Druggists' Circular* for February says, "A physician should always date all his prescriptions. The date should be written first. He is a careless man who omits it, and one to whom we should not care to intrust our life. If the druggist chooses to stamp the prescription, when he has dispensed it, with his name and the date, there can be no objection. On the contrary, it is better that he do so."

EUROPEAN and East Indian women are now, according to the *British Medical Journal*, receiving regular instruction in midwifery and nursing. At the Madras Medical College, diplomas are granted after the required course of study and the passing of satisfactory examination by the candidates.

On January 2, a new European hospital was opened in Kioto, Japan, under the direction of Dr. Junker, who for some time was physician to the Samaritan Hospital, and who directed the English Red Cross Society Hospital at Saarbrück during the Franco-German war.

THE largest number of deaths from scarlet fever in England from 1866 to 1870 was in 1870, when 32,543 died.

POPULATION OF GERMANY.—Including Alsace and Lorraine, the subjects of the Kaiser number, according to the census of December, 1871, 41,058,000. The females are in excess of the males by 768,000.

A CENSUS of the horses liable to be taken for military service is soon to be taken in France. The work is to be placed in the hands of a mixed commission of civilians and army officers.

HERR RITTER VON MAUTHNER has devoted the sum of 260,000 florins to the establishment of a hospital for children in Vienna.

DR. J. C. NOTT, of Mobile, died in that city on the 31st ult., on his sixty-ninth birthday.

MORTALITY OF PHILADELPHIA.—The interments reported at the Health Office for the week ending March 29, 1873, were 323; 172 adults, and 151 minors. 8 were of bodies brought from the country; making the mortality of the city 315. Among the assigned causes of death were:

Consumption of the Lungs	52
Other Diseases of the Respiratory Organs	55
Diseases of the Circulatory Apparatus	19
Diseases of the Brain and Nervous System	44
Diseases of the Digestive Apparatus	19
Zymotic Diseases (Scarlet Fever 6, Smallpox 3)	23
Typhoid Fever	7
Diseases of the Urinary Organs	15
Casualties	13
Cancer	5
Rupture of Uterus	1
Debility (including "Inanition" and "Marasmus")	30
Still-born	13
Old Age	9

(The interments reported for the week ending March 30, 1872, were 449.)

THE meteorological record kept at the Pennsylvania Hospital was as follows:

	THERMOMETER.		BAROMETER.
	Max.	Min.	(2 P.M.)
Mar. 23	55.0°	31.0°	29.93 in.
" 24	36.5	35.5	30.22 in. (Rain and Sleet.)
" 25	35.0	30.0	30.14 in. " " "
" 26	40.0	33.5	29.62 in. " " "
" 27	38.0	27.0	30.28 in.
" 28	51.0	32.0	30.35 in.
" 29	54.5	49.0	29.37 in. (Rain.)

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY, FROM MARCH 25, 1873, TO MARCH 31, 1873, INCLUSIVE.

STYER, CHARLES, ASSISTANT-SURGEON.—Leave of absence extended to include May 10, 1873. S. O. 66, A. G. O., March 28, 1873.

EWEN, C., ASSISTANT-SURGEON.—Assigned to duty at Little Rock, Ark. S. O. 47, Department of the Gulf, March 24, 1873.

WINNE, CHARLES K., ASSISTANT-SURGEON.—Leave of absence granted for six months from April 15, 1873, and his resignation accepted by the President, to take effect October 15, 1873. S. O. 55, A. G. O., March 15, 1873.